

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Preventive Immunizations



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The Centers for Medicare & Medicaid Services (CMS) recognizes the crucial role that health care providers play in educating Medicare beneficiaries about potentially life-saving preventive services and screenings, and in providing these services. While Medicare pays for a variety of preventive benefits, many Medicare beneficiaries do not fully realize that using preventive services and screenings can help them live longer, healthier lives. As a health care professional, you can help your Medicare beneficiaries understand the importance of disease prevention, early detection, and lifestyle modifications that support a healthier life. This booklet can help you communicate with your beneficiaries about Medicare-covered seasonal influenza, pneumococcal, and hepatitis B vaccinations, as well as assist you in correctly billing for these services. It also provides information about planning a flu vaccination clinic.

Overview

Influenza, pneumococcal infections, and hepatitis B are vaccine-preventable diseases that cause substantial illness and premature death in the United States each year. Influenza causes an estimated 226,000 hospitalizations and 3,000 – 49,000 deaths annually in the United States. An estimated 90 percent of seasonal influenza-related deaths occur among those aged 65 or older. Invasive pneumococcal infection causes over 4,000 deaths annually in the U.S. Almost half of deaths due to pneumococcal disease occur in persons aged 65 and older. The hepatitis B virus causes significant morbidity and mortality worldwide. The Medicare Program provides coverage for the seasonal influenza, pneumococcal, and hepatitis B vaccinations and their administration. These vaccines are safe, effective, and help reduce disease incidence, morbidity, and mortality, ultimately reducing health care costs.

Removal of Barriers to Preventive Services Under the Affordable Care Act

Medicare waives the coinsurance or copayment and deductible for those Medicare-covered preventive services recommended by the United States Preventive Services Task Force (USPSTF) with a grade of A or B for any indication or population, and that are appropriate for the individual.

Advisory Committee on Immunization Practices (ACIP)

The Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) develops written recommendations for the routine administration of vaccines to children and adults. Recommendations include age for vaccine administration, number of doses and dosing interval, and precautions and contraindications.

Mass Immunizers/Roster Billers

For more information about mass immunizers and roster billers, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Mass_Immunize_Roster_Bill_factsheet_ICN907275.pdf on the CMS website.

Refer to published guidelines for current recommendations related to immunizations. For the latest ACIP recommendations regarding immunizations and vaccines, visit <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm> on the Internet.

Seasonal Influenza (Flu) Virus Vaccine

Influenza, also known as the flu, is a contagious disease caused by influenza viruses. It attacks the respiratory tract in humans (nose, throat, and lungs).

Coverage Information

Medicare Part B covers one seasonal influenza virus vaccine per influenza season for all beneficiaries. Medicare does not require that a physician order or supervise the administration of the seasonal influenza virus vaccine. Although the law in individual states may require a physician's presence, a physician's order, or other physician involvement, Medicare coverage does not require a physician's presence during the vaccination.

Frequency

Because Medicare covers one seasonal influenza virus vaccine **per influenza season**, a beneficiary could get more than one seasonal influenza virus vaccination in a 12-month period. For example, if a beneficiary got a vaccination in January 2012 for one influenza season, the beneficiary may get another vaccination in October 2012 for another influenza season. Medicare may cover more than one seasonal influenza virus vaccination per influenza season if a physician determines, and documents in the beneficiary's medical record, that the additional vaccination is reasonable and medically necessary.

Reminder

The seasonal influenza virus vaccine and its administration are covered Medicare Part B benefits. Note that the seasonal influenza virus vaccine is **not** a Part D covered drug.

Coinsurance or Copayment and Deductible

The beneficiary pays nothing (no coinsurance or copayment and no Medicare Part B deductible) for the seasonal influenza virus vaccine, if he or she gets the vaccine from a Medicare-enrolled provider. Financial responsibilities may apply for the beneficiary for the administration of the vaccine if the provider does not accept assignment.

Stand Alone Benefit

The seasonal influenza virus vaccine benefit covered by Medicare is a stand alone billable service. It is separate from the Initial Preventive Physical Examination (IPPE) and the Annual Wellness Visit (AWV). Medicare beneficiaries may obtain a seasonal influenza vaccination at any time following Medicare Part B enrollment, including during their IPPE or AWV encounter.

Documentation

Medical records must document that all coverage requirements are met.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Use the following Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) codes to report seasonal influenza virus vaccination. You may list charges for other services on the same bill as the seasonal influenza virus vaccine; however, you must use the applicable codes for these additional services.

Table 1. CPT/HCPCS Codes for Seasonal Influenza Virus Vaccine and Administration

CPT/HCPCS Code	Code Descriptor
90654	Influenza virus vaccine, split virus, preservative-free, for intradermal use, for adults ages 18 – 64
90655	Influenza virus vaccine, split virus, preservative free, when administered to children 6 – 35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, when administered to individuals 3 years and older, for intramuscular use
90657	Influenza virus vaccine, split virus, when administered to children 6 – 35 months of age, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
Q2034*	Influenza virus vaccine, split virus, for intramuscular use (Agrimflu)
Q2035	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Afluria)
Q2036	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Flulaval)
Q2037	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluvirin)
Q2038	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Fluzone)

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Table 1. CPT/HCPCS Codes for Seasonal Influenza Virus Vaccine and Administration (cont.)

CPT/HCPCS Code	Code Descriptor
Q2039	Influenza virus vaccine, split virus, when administered to individuals 3 years of age and older, for intramuscular use (Not Otherwise Specified)
G0008**	Administration of influenza virus vaccine

* Medicare will recognize HCPCS code Q2034 for dates of service on or after July 1, 2012, processed on or after August 1, 2012.

** Medicare pays two administration fees if a beneficiary gets both the seasonal influenza virus and the pneumococcal vaccines on the same day. HCPCS code G0008 may be paid in addition to other services, including Evaluation and Management (E/M) services, and is not subject to rebundling charges.



Diagnosis Requirements

You must report one of the following International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) diagnosis codes.

- ▶ Report diagnosis code V04.81 if:
 - ▶ The **sole** purpose for the visit was to get the seasonal influenza virus vaccine, or
 - ▶ The seasonal influenza virus vaccine is the only service billed on the claim.
- ▶ Report diagnosis code V06.6 if the purpose of the visit was to get both the seasonal influenza virus vaccine **and** the pneumococcal vaccine.

Coming Soon!
International Classification of Diseases, 10th Revision, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS)

For more information, visit <http://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

Table 2. Diagnosis Codes for Seasonal Influenza Virus Vaccination

ICD-9-CM Diagnosis Code	Code Descriptor
V04.81	Need for prophylactic vaccination and inoculation against certain viral diseases; influenza
V06.6	Need for prophylactic vaccination and inoculation against combinations of diseases; Streptococcus pneumoniae (pneumococcus) and influenza

Billing Requirements

Billing and Coding Requirements When Submitting Professional Claims

When you submit professional claims to carriers or A/B Medicare Administrative Contractors (MACs), report the appropriate HCPCS code for the administration of the seasonal influenza virus vaccine, the appropriate HCPCS/CPT code for the seasonal influenza virus vaccine, and the corresponding ICD-9-CM diagnosis code in the X12 837-P (Professional) electronic claim format. You must also include Place of Service (POS) codes on all professional claims, to indicate where you provided the service. For more information on POS codes, visit <http://www.cms.gov/Medicare/Coding/place-of-service-codes> on the CMS website.

Hospice providers bill the carrier or A/B MAC using the X12 837-P claim format. Non-Medicare participating provider facilities bill the local carrier or A/B MAC.

NOTE: If you qualify for an exception to the Administrative Simplification Compliance Act (ASCA) requirement, you may use Form CMS-1500 to submit these claims on paper. All providers must use Form CMS-1500, version 08-05, when submitting paper claims. For more information on Form CMS-1500, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html on the CMS website.

Electronic Claims Requirements

ASCA requires providers to submit claims to Medicare electronically, with limited exceptions. For more information about the electronic formats, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html> on the CMS website.

Billing and Coding Requirements When Submitting Institutional Claims

When you submit institutional claims to Fiscal Intermediaries (FIs) or A/B MACs, report the appropriate HCPCS code for the administration of the seasonal influenza virus vaccine, the appropriate HCPCS/CPT code for the seasonal influenza virus vaccine, revenue code, and the corresponding ICD-9-CM diagnosis code in the X12 837-I (Institutional) electronic claim format.

NOTE: If an institution qualifies for an exception to the ASCA requirement, it may use Form CMS-1450 to submit these claims on paper. All providers must use Form CMS-1450 (UB-04) when submitting paper claims. For more information on Form CMS-1450, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html on the CMS website.

Types of Bill (TOBs) for Institutional Claims

The FI or A/B MAC pays for seasonal influenza virus vaccination services when submitted on the following TOBs and associated revenue codes.

Table 3. Facility Types, TOBs, and Revenue Codes for Seasonal Influenza Virus Vaccination

Facility Type	TOB	Revenue Code
Hospital Inpatient (Part B)	12X	0636 – vaccine 0771 – administration
Hospital Outpatient	13X	0636 – vaccine 0771 – administration
Skilled Nursing Facility (SNF) Inpatient Part B	22X	0636 – vaccine 0771 – administration
SNF Outpatient	23X	0636 – vaccine 0771 – administration
Home Health (Part B Only)*	34X	0636 – vaccine 0771 – administration
Rural Health Clinic (RHC)**	71X	052X – visit
Independent or Hospital-Based Renal Dialysis Facility (RDF)	72X	0636 – vaccine 0771 – administration
Comprehensive Outpatient Rehabilitation Facility (CORF)	75X	0636 – vaccine 0771 – administration
Federally Qualified Health Center (FQHC)***	77X	052X – visit
Critical Access Hospital (CAH)	85X	0636 – vaccine 0771 – administration

* Home Health Agencies (HHAs) with a Medicare-certified component and a non-Medicare certified component may elect to furnish the seasonal influenza virus vaccination through the non-certified component and bill the carrier or A/B MAC. Medicare does not cover a skilled nursing visit by an HHA nurse under the home health benefit when the sole purpose for the HHA visit is to administer a vaccine. The administration should include charges only for the supplies used and the cost of the injection. HHAs may not charge for travel time or other expenses (e.g., gasoline).

** For the seasonal influenza virus vaccination, RHCs need not report a separate revenue line. The cost report includes the costs for these services (not in the encounter). Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

*** For the seasonal influenza virus vaccination, FQHCs must report separate revenue lines. The charges for the vaccine and its administration are carved out of the office visit and reported on

a separate claim line. Medicare pays the costs for these services through cost reporting. Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

Additional Billing Instructions for Non-Traditional Providers

Non-traditional providers and suppliers such as drug stores, senior centers, shopping malls, and self-employed nurses may bill a carrier or A/B MAC for seasonal influenza virus vaccinations if they meet state licensure requirements to furnish and administer seasonal influenza virus vaccinations. For information on enrolling in the Medicare Program, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website.

A registered nurse or pharmacist employed by a physician may use the physician's National Provider Identifier (NPI) if he or she provides seasonal influenza virus vaccinations in a location other than the physician's office. If the nurse or pharmacist provides the services at his or her own direction and not that of the physician (i.e., not working for the physician or moonlighting), he or she may obtain an NPI and bill the carrier or A/B MAC directly. However, if the nurse or pharmacist provides the services while working for the physician, he or she should use the physician's NPI.



Charges

The entity that furnishes the seasonal influenza virus vaccine and the entity that administers the seasonal influenza virus vaccine each must submit a claim to Medicare on behalf of the beneficiary. The entity may bill Medicare for the amount not subsidized from its budget. For example, an entity that incurs a cost of \$7.50 per seasonal influenza virus vaccination and pays \$2.50 of the cost from its budget may bill the carrier or A/B MAC the \$5.00 cost not paid from its budget.

When an entity gets donated seasonal influenza virus vaccine or gets donated services for the administration of the seasonal influenza virus vaccine, the provider may bill Medicare for the portion of the vaccination that was not donated. **Mass immunizers must provide the Medicare beneficiary with a record of the seasonal influenza virus vaccination.**

You may list other charges on the same bill; however, you must include the applicable codes for the additional charges.



Payment Information

Professional Claims

When you bill your carrier or A/B MAC, Medicare links payment of the administration of the seasonal influenza virus vaccine to payment for services under the Medicare Physician Fee Schedule (MPFS), but does not actually pay under the MPFS. The payment for the administration is the lesser of the actual charge or the MPFS amount for a comparable injection.

Providers Must Use EFT

All providers enrolling in the Medicare Program for the first time, changing existing enrollment data, or revalidating enrollment must use Electronic Funds Transfer (EFT) to get payments. For more information about EFT, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html> on the CMS website.

When you see a beneficiary for the **sole** purpose of administering the seasonal influenza virus vaccine, you may **not** routinely bill for an office visit. However, if you provide services constituting an “office visit” level of service, you may bill for an office visit in addition to the seasonal influenza virus vaccine and administration. Medicare pays for the office visit in addition to the vaccine and administration if it is reasonable and medically necessary.

Institutional Claims

When you bill your FI or A/B MAC, Medicare payment for the seasonal influenza virus vaccine and its administration depends on the type of facility providing the service. Table 4 lists the type of payment that facilities get.

Table 4. Facility Payment Methods for Seasonal Influenza Virus Vaccine

Facility Type	Basis of Payment for Vaccine	Basis of Payment for Administration
Hospital Inpatient (Part B)*	Reasonable cost	Outpatient Prospective Payment System (OPPS) Reasonable cost for hospitals not subject to OPPS
Hospital Outpatient*	Reasonable cost	OPPS Reasonable cost for hospitals not subject to OPPS
SNF Inpatient Part B**	Reasonable cost	MPFS amount associated with CPT code 90471
SNF Outpatient	Reasonable cost	MPFS amount associated with CPT code 90471
Home Health (Part B Only)	Reasonable cost	OPPS
RHC	Reasonable cost	Reasonable cost
Independent RDF	95% of Average Wholesale Price (AWP)	MPFS amount associated with CPT code 90471
Hospital-Based RDF	Reasonable cost	Reasonable cost
CORF	95% of AWP	MPFS amount associated with CPT code 90471
FQHC	Reasonable cost	Reasonable cost
CAH	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services

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- * For the seasonal influenza virus vaccine, Medicare pays Indian Health Service (IHS) hospitals and CAHs based on 95 percent of AWP. Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan. For the administration of the vaccine, Medicare pays IHS hospitals and CAHs based on the MPFS amount associated with CPT code 90471. Medicare pays Maryland hospitals 94 percent of submitted charges under the jurisdiction of the Health Services Cost Review Commission (HSCRC).
- ** The SNF consolidated billing provision allows separate Medicare Part B payment for seasonal influenza virus vaccination and its administration for beneficiaries in a skilled Part A stay; however, the SNF must submit these services on a 22X TOB. Seasonal influenza virus vaccination and its administration provided by other facility types for beneficiaries in a skilled Part A stay must be paid by the SNF.

Additional Payment Information

You must accept assignment for the seasonal influenza virus **vaccine**, and may not collect payment from the beneficiary for the vaccine. You must submit a claim to Medicare on behalf of the beneficiary. You may not charge Medicare more for a vaccine than you charge other payers for non-Medicare patients.

Medicare does not require you to accept assignment for the **administration** of the vaccine. However, you must accept assignment of **both** the vaccine and the administration of the vaccine if you:

- ▶ Enrolled as a provider type “Mass Immunization Roster Biller,”
- ▶ Submit roster bills, or
- ▶ Participate in the centralized billing program.

Participating Providers

Participating institutional providers and physicians, providers, and suppliers who accept assignment must bill Medicare if they charge a fee to pay any or all costs related to the provision or administration of the seasonal influenza virus vaccine. They may not collect payment from beneficiaries.

Non-Participating Providers

All physicians, providers, and suppliers must accept assignment for the Medicare **vaccine** payment rate and may not collect payment from the beneficiary for the vaccine. Physicians, providers, and suppliers who do not accept assignment may never advertise the service as free since the beneficiary may incur an out-of-pocket expense after Medicare has paid 100 percent of the Medicare-allowed amount.

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Non-participating physicians, providers, and suppliers who do **not** accept assignment on the **administration** of the vaccine may collect payment from the beneficiary, but they **must submit an unassigned claim on the beneficiary's behalf**. Non-participating physicians and suppliers who do not accept assignment for the administration of the seasonal influenza virus vaccine may collect their usual charges (i.e., the amount charged to a patient who is not a Medicare beneficiary) for the **administration** of the vaccine. When non-participating physicians or suppliers provide the services, the beneficiary is responsible for paying the difference between what the physician or supplier charges and the amount Medicare allows for the **administration** fee. The 5 percent payment reduction for physicians who do not accept assignment does not apply to the administration of the seasonal influenza virus vaccine.

Non-Governmental Entities

Non-governmental entities (providers, physicians, suppliers) that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the immunizations free of charge to Medicare beneficiaries and may not bill Medicare. For example, Medicare may not pay for seasonal influenza virus vaccinations administered to Medicare beneficiaries if a physician provides free vaccinations to all non-Medicare patients or if an employer offers free vaccinations to its employees.

When an employer offers free vaccinations to its employees, the employer must offer the free vaccination to an employee who is also a Medicare beneficiary.

However, non-governmental entities that do not charge patients who are unable to pay or reduce their charge for patients of limited means (sliding fee scale), but do expect to be paid if a patient has health insurance that covers the services provided, may bill Medicare and expect payment.

State and Local Governmental Entities

Governmental entities, such as public health clinics, may bill Medicare for the seasonal influenza virus vaccine administered to Medicare beneficiaries when they provide services free of charge to non-Medicare patients.

Reasons for Claim Denial

Medicare may deny coverage of seasonal influenza virus vaccination in several situations, including:

- The beneficiary gets more than one seasonal influenza virus vaccination during the same influenza season, and the Medicare provider cannot justify the medical necessity of the second vaccination.

You may find specific payment decision information on the Remittance Advice (RA). The RA includes Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC) that provide additional information on payment adjustments. For the most current listing of these codes, visit <http://www.wpc-edi.com/reference> on the Internet. You can obtain additional information about claims from your carrier, FI, or A/B MAC.

Medicare Contractor Contact Information

For carrier, FI, or A/B MAC contact information, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map> on the CMS website.

RA Information

For more information about the RA, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

Pneumococcal Vaccine

Pneumococcal disease is an infection caused by the bacteria streptococcus pneumoniae, also known as pneumococcus. The most common types of infections caused by this bacterium include: middle ear infections, pneumonia, blood stream infections (bacteremia), sinus infections, and meningitis.

Coverage Information

Medicare generally covers pneumococcal vaccination once in a lifetime for all Medicare beneficiaries. Medicare may cover additional vaccinations based on risk or uncertainty of beneficiary pneumococcal vaccination status. All individuals aged 65 and older should get both the seasonal influenza and pneumococcal vaccinations.

Reminder

The pneumococcal vaccine and its administration are covered Medicare Part B benefits. Note that pneumococcal vaccine is **not** a Part D covered drug.

Medicare Part B pays for pneumococcal vaccine and its administration when reasonable and necessary for the prevention of disease, if a doctor of medicine or osteopathy orders the vaccine.

NOTE: Medicare provides coverage of pediatric pneumococcal vaccine.

Determining Prior Vaccination Status

Do not require the beneficiary to show his or her immunization record prior to getting the pneumococcal vaccine or review the beneficiary's complete medical record if it is not available. If the beneficiary is competent, you may rely on the beneficiary's verbal history to determine the beneficiary's prior vaccination status:

Stand Alone Benefit

The pneumococcal vaccine benefit covered by Medicare is a stand alone billable service. It is separate from the IPPE and the AWW. Medicare beneficiaries may obtain a pneumococcal vaccination at any time following Medicare Part B enrollment, including during their IPPE or AWW encounter.

- ▶ If the beneficiary is uncertain about his or her vaccination history for the last 5 years, administer the vaccine.
- ▶ If the beneficiary is certain of being vaccinated within the last 5 years, do not administer the vaccine.
- ▶ If the beneficiary is certain of being vaccinated and that more than 5 years have passed since receipt of the previous dose, only administer the revaccination if the beneficiary is at highest risk.

Frequency

Pneumococcal vaccine is typically administered to adults once in a lifetime. However, revaccination may be appropriate for beneficiaries at the highest risk for pneumococcal disease and those most likely to have rapid declines in antibody levels. This group includes individuals with the following conditions:

- ▶ Functional or anatomic asplenia (e.g., from sickle cell disease or splenectomy);
- ▶ Human Immunodeficiency Virus (HIV);
- ▶ Leukemia;
- ▶ Lymphoma;
- ▶ Hodgkin's disease;
- ▶ Multiple myeloma;
- ▶ Generalized malignancy;
- ▶ Chronic renal failure;
- ▶ Nephrotic syndrome; and
- ▶ Other conditions associated with immunosuppression, such as organ or bone marrow transplantation, and individuals receiving immunosuppressive chemotherapy, including long-term corticosteroids.

NOTE: If a beneficiary who is not at the highest risk gets revaccinated because of uncertainty about his or her pneumococcal vaccination status, Medicare pays for the pneumococcal revaccination. Routine revaccinations of beneficiaries aged 65 and older who are not at the highest risk are not appropriate.

Coinsurance or Copayment and Deductible

The beneficiary pays nothing (no coinsurance or copayment and no Medicare Part B deductible) for the pneumococcal vaccine, if he or she gets the vaccine from a Medicare-enrolled provider. Financial responsibilities may apply for the beneficiary for the administration of the vaccine if the provider does not accept assignment.



Documentation

Medical records must document that all coverage requirements are met.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Use the following CPT/HCPCS codes to report pneumococcal vaccination. You may list charges for other services on the same bill as the pneumococcal vaccine; however, you must use the applicable codes for these additional services.

Table 5. CPT/HCPCS Codes for Pneumococcal Vaccine and Administration

CPT/HCPCS Code	Code Descriptor
90669	Pneumococcal conjugate vaccine, 7 valent, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
90732	Pneumococcal polysaccharide vaccine, 23 valent, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
G0009*	Administration of pneumococcal vaccine

* Medicare pays two administration fees if a beneficiary gets both the seasonal influenza and the pneumococcal vaccines on the same day. HCPCS code G0009 may be paid in addition to other services, including E/M services, and is not subject to rebundling charges.

Diagnosis Requirements

You must report one of the following ICD-9-CM diagnosis codes.

- ▶ Report diagnosis code V03.82 if:
 - ▶ The **sole** purpose of the visit was to get the pneumococcal vaccine, or
 - ▶ The pneumococcal vaccine is the only service on the claim.
- ▶ Report diagnosis code V06.6 if the purpose of the visit was to get both the pneumococcal **and** the seasonal influenza virus vaccine.

Coming Soon! ICD-10-CM/PCS

For more information, visit <http://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

Table 6. Diagnosis Codes for Pneumococcus Vaccination

ICD-9-CM Diagnosis Code	Code Descriptor
V03.82	Need for prophylactic vaccination and inoculation against bacterial diseases; other specified vaccinations against single bacterial diseases; Streptococcus pneumoniae (pneumococcus)
V06.6	Need for prophylactic vaccination and inoculation against combinations of diseases; Streptococcus pneumoniae (pneumococcus) and influenza

Billing Requirements

Billing and Coding Requirements When Submitting Professional Claims

When you submit professional claims to carriers or A/B MACs, report the appropriate HCPCS code for the administration of the pneumococcal vaccine, the appropriate CPT code for the pneumococcal vaccine, and the corresponding ICD-9-CM diagnosis code in the X12 837-P (Professional) electronic claim format. You must also include the POS codes on all professional claims, to indicate where you provided the service. For more information on POS codes, visit <http://www.cms.gov/Medicare/Coding/place-of-service-codes> on the CMS website.

Hospice providers bill the carrier or A/B MAC using the X12 837-P claim format. Non-Medicare participating provider facilities bill the local carrier or A/B MAC.



NOTE: If you qualify for an exception to the ASCA requirement, you may use Form CMS-1500 to submit these claims on paper. All providers must use Form CMS-1500, version 08-05, when submitting paper claims. For more information on Form CMS-1500, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html on the CMS website.

Electronic Claims Requirements

ASCA requires providers to submit claims to Medicare electronically, with limited exceptions. For more information about the electronic formats, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html> on the CMS website.

Billing and Coding Requirements When Submitting Institutional Claims

When you submit institutional claims to FIs or A/B MACs, report the appropriate HCPCS code for the administration of the pneumococcal vaccine, the appropriate CPT code for the pneumococcal vaccine, revenue code, and the corresponding ICD-9-CM diagnosis code in the X12 837-I (Institutional) electronic claim format.

NOTE: If an institution qualifies for an exception to the ASCA requirement, it may use Form CMS-1450 to submit these claims on paper. All providers must use Form CMS-1450 (UB-04) when submitting paper claims. For more information on Form CMS-1450, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html on the CMS website.

TOBs for Institutional Claims

The FI or A/B MAC pays for pneumococcal vaccination services when submitted on the following TOBs and associated revenue codes.

Table 7. Facility Types, TOBs, and Revenue Codes for Pneumococcal Vaccination

Facility Type	TOB	Revenue Code
Hospital Inpatient (Part B)	12X	0636 – vaccine 0771 – administration
Hospital Outpatient	13X	0636 – vaccine 0771 – administration
SNF Inpatient Part B	22X	0636 – vaccine 0771 – administration
SNF Outpatient	23X	0636 – vaccine 0771 – administration

Table 7. Facility Types, TOBs, and Revenue Codes for Pneumococcal Vaccination (cont.)

Facility Type	TOB	Revenue Code
Home Health (Part B Only)*	34X	0636 – vaccine 0771 – administration
RHC**	71X	052X – visit
Independent or Hospital-Based RDF	72X	0636 – vaccine 0771 – administration
CORF	75X	0636 – vaccine 0771 – administration
FQHC***	77X	052X – visit
CAH	85X	0636 – vaccine 0771 – administration

* HHAs with a Medicare-certified component and a non-Medicare certified component may elect to furnish the pneumococcal vaccination through the non-certified component and bill the carrier or A/B MAC. Medicare does not cover a skilled nursing visit by an HHA nurse under the home health benefit when the sole purpose for the HHA visit is to administer a vaccine. The administration should include charges only for the supplies used and the cost of the injection. HHAs may not charge for travel time or other expenses (e.g., gasoline).

** For the pneumococcal vaccination, RHCs need not report a separate revenue line. The cost report includes the costs for these services (not in the encounter). Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

*** For the pneumococcal vaccination, FQHCs must report separate revenue lines. The charges for the vaccine and its administration are carved out of the office visit and reported on a separate claim line. Medicare pays the costs for these services through cost reporting. Do not bill an encounter if vaccine administration was the only service you provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.

Additional Billing Instructions for Non-Traditional Providers

Non-traditional providers and suppliers such as drug stores, senior centers, shopping malls, and self-employed nurses may bill a carrier or A/B MAC for pneumococcal vaccinations if they meet state licensure requirements to furnish and administer pneumococcal vaccinations. For information on enrolling in the Medicare Program, visit <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll> on the CMS website.

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A registered nurse or pharmacist employed by a physician may use the physician's NPI if he or she provides pneumococcal vaccinations in a location other than the physician's office. If the nurse or pharmacist provides the services at his or her own direction and not that of the physician (i.e., not working for the physician or moonlighting), he or she may obtain an NPI and bill the carrier or A/B MAC directly. However, if the nurse or pharmacist provides the services while working for the physician, he or she should use the physician's NPI.

Charges

The entity that furnishes the pneumococcal vaccine and the entity that administers the pneumococcal vaccine each must submit a claim to Medicare on behalf of the beneficiary. The entity may bill Medicare for the amount not subsidized from its budget. For example, an entity that incurs a cost of \$7.50 per pneumococcal vaccination and pays \$2.50 of the cost from its budget may bill the carrier or A/B MAC the \$5.00 cost not paid from its budget.

When an entity gets donated pneumococcal vaccine or gets donated services for the administration of the pneumococcal vaccine, the provider may bill Medicare for the portion of the vaccination that was not donated. **Mass immunizers must provide the Medicare beneficiary with a record of the pneumococcal vaccination.**

You may list other charges on the same bill; however, you must include the applicable codes for the additional charges.

A physician, provider, or supplier may not collect payment for an immunization from a beneficiary and instruct the beneficiary to submit the claim to Medicare for payment. Medicare law requires that physicians, providers, and suppliers submit a claim for services to Medicare on the beneficiary's behalf.

Payment Information

Professional Claims

When you bill your carrier or A/B MAC, Medicare links payment of the administration of the pneumococcal vaccine to payment for services under the MPFS, but does not actually pay under the MPFS. The payment for the administration is the lesser of the actual charge or the MPFS amount for a comparable injection. Since the MPFS amount is adjusted for each Medicare payment locality, payment for the administration of the vaccine varies by locality.

Providers Must Use EFT

All providers enrolling in the Medicare Program for the first time, changing existing enrollment data, or revalidating enrollment must use EFT to get payments. For more information about EFT, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html> on the CMS website.

When you see a beneficiary for the **sole** purpose of administering the pneumococcal vaccine, you may **not** routinely bill for an office visit. However, if you provide services constituting an “office visit” level of service, you may bill for an office visit in addition to the pneumococcal vaccine and administration. Medicare pays for the office visit in addition to the vaccine and administration if it is reasonable and medically necessary.

Institutional Claims

When you bill your FI or A/B MAC, Medicare payment for the pneumococcal vaccine and its administration depends on the type of facility providing the service. Table 8 lists the type of payment that facilities get.

Table 8. Facility Types and Payment Methods for Pneumococcal Vaccine

Facility Type	Basis of Payment for Vaccine	Basis of Payment for Administration
Hospital Inpatient (Part B)*	Reasonable cost	OPPS Reasonable cost for hospitals not subject to OPPS
Hospital Outpatient*	Reasonable cost	OPPS Reasonable cost for hospitals not subject to OPPS
SNF Inpatient Part B**	Reasonable cost	MPFS amount associated with CPT code 90471
SNF Outpatient	Reasonable cost	MPFS amount associated with CPT code 90471
Home Health (Part B Only)	Reasonable cost	OPPS
RHC	Reasonable cost	Reasonable cost
Independent RDF	95% of AWP	MPFS amount associated with CPT code 90471
Hospital-Based RDF	Reasonable cost	Reasonable cost
CORF	95% of AWP	MPFS amount associated with CPT code 90471
FQHC	Reasonable cost	Reasonable cost

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Table 8. Facility Types and Payment Methods for Pneumococcal Vaccine (cont.)

Facility Type	Basis of Payment for Vaccine	Basis of Payment for Administration
CAH	Method I: 101% of reasonable cost for technical component(s) of services	Method I: 101% of reasonable cost for technical component(s) of services
	Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services	Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services

* For the pneumococcal vaccine, Medicare pays IHS hospitals and CAHs based on 95 percent of AWP. Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan. For the administration of the vaccine, Medicare pays IHS hospitals and CAHs based on the MPFS amount associated with CPT code 90471. Medicare pays Maryland hospitals 94 percent of submitted charges under the jurisdiction of the HSCRC.

** The SNF consolidated billing provision allows separate Medicare Part B payment for pneumococcal vaccination and its administration for beneficiaries in a skilled Part A stay; however, the SNF must submit these services on a 22X TOB. Pneumococcal vaccination and its administration provided by other facility types for beneficiaries in a skilled Part A stay must be paid by the SNF.

Additional Payment Information

You must accept assignment for the pneumococcal **vaccine**, and may not collect payment from the beneficiary for the vaccine. You may not charge Medicare more for a vaccine than you charge other payers for non-Medicare patients.

Medicare does not require you to accept assignment for the **administration** of the vaccine. However, you must accept assignment of **both** the vaccine and the administration of the vaccine if you:

- ▶ Enrolled as a provider type “Mass Immunization Roster Biller,”
- ▶ Submit roster bills, or
- ▶ Participate in the centralized billing program.



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Participating Providers

Participating institutional providers and physicians, providers, and suppliers that accept assignment must bill Medicare if they charge a fee to pay any or all costs related to the provision or administration of the pneumococcal vaccine. They may not collect payment from beneficiaries.

Non-Participating Providers

All physicians, providers, and suppliers must accept assignment for the Medicare **vaccine** payment rate and may not collect payment from the beneficiary for the vaccine. Physicians, providers, and suppliers who do not accept assignment may never advertise the service as free since the beneficiary incurs an out-of-pocket expense after Medicare has paid 100 percent of the Medicare-allowed amount.

Non-participating physicians, providers, and suppliers who do **not** accept assignment on the **administration** of the vaccine may collect payment from the beneficiary, but they **must submit an unassigned claim on the beneficiary's behalf**. Non-participating physicians and suppliers who do not accept assignment for the administration of the pneumococcal vaccine may collect their usual charges (i.e., the amount charged to a patient who is not a Medicare beneficiary) for the **administration** of the vaccine. When non-participating physicians or suppliers provide the services, the beneficiary is responsible for paying the difference between what the physician or supplier charges and the amount Medicare allows for the **administration** fee. The 5 percent payment reduction for physicians who do not accept assignment does not apply to the administration of the pneumococcal vaccine.

Non-Governmental Entities

Non-governmental entities (providers, physicians, suppliers) that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the immunizations free of charge to Medicare beneficiaries and may not bill Medicare. For example, Medicare may not pay for pneumococcal vaccinations administered to Medicare beneficiaries if a physician provides free vaccinations to all non-Medicare patients or if an employer offers free vaccinations to its employees.

When an employer offers free vaccinations to its employees, the employer must offer the free vaccination to an employee who is also a Medicare beneficiary.

However, non-governmental entities that do not charge patients who are unable to pay or reduce their charge for patients of limited means (sliding fee scale), but do expect to be paid if a patient has health insurance that covers the services provided, may bill Medicare and expect payment.

State and Local Governmental Entities

Governmental entities, such as public health clinics, may bill Medicare for the pneumococcal vaccine administered to Medicare beneficiaries when they provide services free of charge to non-Medicare patients.

Reasons for Claim Denial

Medicare may deny coverage of pneumococcal vaccination in several situations, including:

- ▶ The carrier, FI, or A/B MAC gets a duplicate claim for the same beneficiary Health Insurance Claim Number (HICN), date of service, and pneumococcal vaccine CPT/HCPCS codes.

You may find specific payment decision information on the RA. The RA includes CARCs and RARCs that provide additional information on payment adjustments. For the most current listing of these codes, visit <http://www.wpc-ed.com/reference> on the Internet. You can obtain additional information about claims from your carrier, FI, or A/B MAC.

Medicare Contractor Contact Information

For carrier, FI, or A/B MAC contact information, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map> on the CMS website.

RA Information

For more information about the RA, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

Hepatitis B Virus (HBV) Vaccine

Hepatitis B is a serious disease caused by the hepatitis B virus (HBV). HBV attacks the liver and can cause chronic (life-long) infection, resulting in cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

Coverage Information

Medicare Part B covers the hepatitis B vaccinations that are reasonable and necessary for the prevention of illness for those individuals who are at high or intermediate risk of contracting HBV. Medicare requires that the hepatitis B vaccine be administered under a physician's order with supervision.

High-risk groups include:

- ▶ Individuals with End-Stage Renal Disease (ESRD);
- ▶ Individuals with hemophilia who receive Factor VIII or IX concentrates;
- ▶ Clients of institutions for the developmentally disabled;
- ▶ Individuals who live in the same household as an HBV carrier;

Reminder

The hepatitis B vaccine and its administration are covered Medicare Part B benefits. Note that hepatitis B vaccine is **not** a Part D covered drug.

- ▶ Homosexual men;
- ▶ Illicit injectable drug users; and
- ▶ Pacific Islanders (that is, those Medicare beneficiaries who reside on Pacific Islands under U.S. jurisdiction, other than residents of Hawaii).

Intermediate risk groups include:

- ▶ Staff in institutions for the developmentally disabled and classroom employees who work with the developmentally disabled;
- ▶ Workers in health care professions who have frequent contact with blood or blood-derived body fluids during routine work (including workers who work outside of a hospital and have frequent contact with blood or other infectious secretions); and
- ▶ Heterosexually active persons with multiple sexual partners (that is, those beneficiaries who have had at least two documented episodes of sexually transmitted diseases within the preceding 5 years).

Stand Alone Benefit

The hepatitis B vaccine benefit covered by Medicare is a stand alone billable service. It is separate from the IPPE and the AWW. Medicare beneficiaries may obtain a hepatitis B vaccine at any time following Medicare Part B enrollment, including during their IPPE or AWW encounter.

Exception: For purposes of this covered benefit, individuals are not considered at high or intermediate risk of contracting HBV if they have undergone a prevaccination screening and have been found to be currently positive for antibodies to hepatitis B.

For more information on this and other preventive services, visit http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf on the CMS website.

Frequency

Follow the dose schedule for the hepatitis B vaccine.

Coinsurance or Copayment and Deductible

The beneficiary pays nothing (no coinsurance or copayment and no Medicare Part B deductible) for the hepatitis B vaccine, if he or she gets the vaccine from a Medicare-enrolled provider. Financial responsibilities may apply for the beneficiary if the provider does not accept assignment.



Documentation

Medical records must document that all coverage requirements are met.

Coding and Diagnosis Information

Procedure Codes and Descriptors

Use the following CPT/HCPCS codes to report hepatitis B vaccination.

Table 9. CPT/HCPCS Codes for Hepatitis B Vaccine and Administration

CPT/HCPCS Code	Code Descriptor
90740	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use
90743	Hepatitis B vaccine, adolescent (2 dose schedule), for intramuscular use
90744	Hepatitis B vaccine, pediatric/adolescent dosage (3 dose schedule), for intramuscular use
90746	Hepatitis B vaccine, adult dosage, for intramuscular use
90747	Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use
G0010	Administration of hepatitis B vaccine

Diagnosis Requirements

You must report the following ICD-9-CM diagnosis code.

Coming Soon! ICD-10-CM/PCS

For more information, visit <http://www.cms.gov/Medicare/Coding/ICD10> on the CMS website.

Table 10. Diagnosis Code for Hepatitis B Vaccination

ICD-9-CM Diagnosis Code	Code Descriptor
V05.3	Need for prophylactic vaccination and inoculation against single diseases; Viral hepatitis

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Billing Requirements

Billing and Coding Requirements When Submitting Professional Claims

Medicare requires that the hepatitis B vaccination be administered under a physician's order with supervision. Because of this requirement, the ordering and/or referring physician information must be reported on the claim.

In addition, when you submit professional claims to carriers or A/B MACs, report the appropriate HCPCS code for the administration of the hepatitis B vaccine, the appropriate CPT code for the hepatitis B vaccine, and the corresponding ICD-9-CM diagnosis code in the X12 837-P (Professional) electronic claim format. You must also include the POS codes on all professional claims, to indicate where you provided the service. For more information on POS codes, visit <http://www.cms.gov/Medicare/Coding/place-of-service-codes> on the CMS website.

Hospice providers bill the carrier or A/B MAC using the X12 837-P claim format. Non-Medicare participating provider facilities bill the local carrier or A/B MAC.

NOTE: If you qualify for an exception to the ASCA requirement, you may use Form CMS-1500 to submit these claims on paper. All providers must use Form CMS-1500, version 08-05, when submitting paper claims. For more information on Form CMS-1500, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/16_1500.html on the CMS website.

Electronic Claims Requirements

ASCA requires providers to submit claims to Medicare electronically, with limited exceptions. For more information about the electronic formats, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/HealthCareClaims.html> on the CMS website.

Billing and Coding Requirements When Submitting Institutional Claims

When you submit institutional claims to FIs or A/B MACs, report the appropriate HCPCS code for the administration of the hepatitis B vaccine, the appropriate CPT code for the hepatitis B vaccine, revenue code, and the corresponding ICD-9-CM diagnosis code in the X12 837-I (Institutional) electronic claim format.

NOTE: If an institution qualifies for an exception to the ASCA requirement, it may use Form CMS-1450 to submit these claims on paper. All providers must use Form CMS-1450 (UB-04) when submitting paper claims. For more information on Form CMS-1450, visit http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450.html on the CMS website.

TOBs for FIs or A/B MACs

The FI or A/B MAC pays for hepatitis B vaccination services when submitted on the following TOBs and associated revenue codes.

Table 11. Facility Types, TOBs, and Revenue Codes for Hepatitis B Vaccination

Facility Type	TOB	Revenue Code
Hospital Inpatient (Part B)	12X	0636 – vaccine 0771 – administration
Hospital Outpatient	13X	0636 – vaccine 0771 – administration
SNF Inpatient Part B	22X	0636 – vaccine 0771 – administration
SNF Outpatient	23X	0636 – vaccine 0771 – administration
Home Health (Part B Only)*	34X	0636 – vaccine 0771 – administration
RHC**	71X	052X – visit
Independent or Hospital-Based RDF	72X	0636 – vaccine 0771 – administration
CORF	75X	0636 – vaccine 0771 – administration
FQHC**	77X	052X – visit
CAH	85X	0636 – vaccine 0771 – administration

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* HHAs with a Medicare-certified component and a non-Medicare certified component may elect to furnish the hepatitis B vaccination through the non-certified component and bill the carrier or A/B MAC. Medicare does not cover a skilled nursing visit by an HHA nurse under the home health benefit when the sole purpose for the HHA visit is to administer a vaccine. The administration should include charges only for the supplies used and the cost of the injection. HHAs may not charge for travel time or other expenses (e.g., gasoline).

** The hepatitis B vaccination is included in the encounter rate. The charges of the vaccine and its administration are carved out of the office visit and reported on a separate line. An encounter cannot be billed if vaccine administration is the only service provided. For more information and an example, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1039.pdf> on the CMS website.



Charges

You may list other charges on the same bill; however, you must include the applicable codes for the additional charges.

Payment Information

Professional Claims

When you bill your carrier or A/B MAC, Medicare pays for the vaccine and its administration under the MPFS.

Institutional Claims

When you bill your FI or A/B MAC, Medicare payment for the hepatitis B vaccine and its administration depends on the type of facility providing the service. Table 12 lists the type of payment that facilities get.

Providers Must Use EFT

All providers enrolling in the Medicare Program for the first time, changing existing enrollment data, or revalidating enrollment must use EFT to get payments. For more information about EFT, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/EFT.html> on the CMS website.

Table 12. Facility Types and Payment Methods for Hepatitis B Vaccine

Facility Type	Basis of Payment for Vaccine	Basis of Payment for Administration
Hospital Inpatient (Part B)*	Reasonable cost	OPPS Reasonable cost for hospitals not subject to OPPS
Hospital Outpatient*	Reasonable cost	OPPS Reasonable cost for hospitals not subject to OPPS
SNF Inpatient Part B**	Reasonable cost	MPFS amount associated with CPT code 90471
SNF Outpatient	Reasonable cost	MPFS amount associated with CPT code 90471
Home Health (Part B Only)	Reasonable cost	OPPS
RHC	Reasonable cost	Reasonable cost
Independent RDF	95% of AWP	MPFS amount associated with CPT code 90471
Hospital-Based RDF	Reasonable cost	Reasonable cost
CORF	95% of AWP	MPFS amount associated with CPT code 90471
FQHC	Reasonable cost	Reasonable cost
CAH	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services	Method I: 101% of reasonable cost for technical component(s) of services Method II: 101% of reasonable cost for technical component(s) of services, plus 115% of MPFS non-facility rate for professional component(s) of services

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- * For the hepatitis B vaccine, Medicare pays IHS hospitals and CAHs based on 95 percent of AWP. Medicare pays Maryland hospitals for inpatient or outpatient services according to the Maryland State Cost Containment Plan. For the administration of the vaccine, Medicare pays IHS hospitals and CAHs based on the MPFS amount associated with CPT code 90471. Medicare pays Maryland hospitals 94 percent of submitted charges under the jurisdiction of the HSCRC.
- ** The SNF consolidated billing provision allows separate Medicare Part B payment for hepatitis B vaccination and its administration for beneficiaries in a skilled Part A stay; however, the SNF must submit these services on a 22X TOB. Hepatitis B vaccination and its administration provided by other facility types for beneficiaries in a skilled Part A stay must be paid by the SNF.

Additional Payment Information

You must accept assignment for the hepatitis B **vaccine**, and may not collect payment from the beneficiary for the vaccine. You may not charge Medicare more for a vaccine than you charge other payers for non-Medicare patients.

Medicare does not require you to accept assignment for the **administration** of the vaccine.

Non-Governmental Entities

Non-governmental entities (providers, physicians, suppliers) that provide immunizations free of charge to all patients, regardless of their ability to pay, must provide the immunizations free of charge to Medicare beneficiaries and may not bill Medicare. For example, Medicare may not pay for hepatitis B vaccinations administered to Medicare beneficiaries if a physician provides free vaccinations to all non-Medicare patients.

When an employer offers free vaccinations to its employees, the employer must also offer the free vaccination to an employee who is also a Medicare beneficiary.

However, non-governmental entities that do not charge patients who are unable to pay or reduce their charge for patients of limited means (sliding fee scale), but do expect to be paid if a patient has health insurance that covers the services provided, may bill Medicare and expect payment.

State and Local Governmental Entities

Governmental entities, such as public health clinics, may bill Medicare for the hepatitis B vaccine administered to Medicare beneficiaries when they provide services free of charge to non-Medicare patients.

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Reasons for Claim Denial

Medicare may deny coverage of the hepatitis B vaccination in several situations, including:

- ▶ The beneficiary is not at intermediate or high risk of contracting HBV.
- ▶ A doctor of medicine or osteopathy did not order the services.

You may find specific payment decision information on the RA. The RA includes CARCs and RARCs that provide additional information on payment adjustments. For the most current listing of these codes, visit <http://www.wpc-ed.com/reference> on the Internet. You can obtain additional information about claims from your carrier, FI, or A/B MAC.

Medicare Contractor Contact Information

For carrier, FI, or A/B MAC contact information, visit <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Provider-Compliance-Interactive-Map> on the CMS website.

RA Information

For more information about the RA, visit <http://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/Remittance.html> on the CMS website.

Tips on Planning a Flu Vaccination Clinic

The issues involved in planning and administering a flu vaccination clinic can be complex and may vary from state to state. We encourage you to familiarize yourself with relevant laws, regulations, and policies before planning and administering a flu vaccination clinic.

Table 13 provides a calendar of a sample schedule planners of flu vaccination clinics may consider.



Table 13. Flu Vaccination Clinic Calendar

Month	Activity
January	Create a planning committee: <ul style="list-style-type: none"> ▶ Determine roles and responsibilities, ▶ Determine staffing levels needed, and ▶ Determine location(s) of vaccination clinic.
February	Hold a planning committee meeting: <ul style="list-style-type: none"> ▶ Determine clinic layout and specifications, and ▶ Determine how to advertise the clinic.

Table 13. Flu Vaccination Clinic Calendar (cont.)

Month	Activity
March	<p>Hold a planning committee meeting:</p> <ul style="list-style-type: none"> ▶ Coordinate with other flu vaccination clinics in geographical area, and ▶ Gather information on latest vaccine recommendations (visit http://www.cdc.gov/flu on the Internet).
April	Order vaccines.
May	<p>Determine dates of flu vaccination clinic(s):</p> <ul style="list-style-type: none"> ▶ Consider conducting flu vaccination clinics in October and/or November; and ▶ Consider offering a flu vaccination clinic in December or January, even after influenza activity has been documented in your community.
June	Register your flu vaccination clinic on the flu clinic locator website (visit http://www.lung.org/lung-disease/influenza/flu-vaccine-finder on the Internet).
July	Decide how many nurses and clerks you need to hire on a temporary basis to administer the shots and submit the claims.
August	Send letters and/or e-mails to retirement communities, churches, municipal buildings, and other locations throughout the community offering to set up a flu vaccination clinic at their site.
September	Begin advertising flu vaccination dates, times, and locations (for sample posters and web banners and badges, visit http://www.lung.org/lung-disease/influenza/flu-vaccine-finder/professional-resources.html on the Internet).
October	Conduct clinic(s).
November	Conduct clinic(s).
December	Conduct clinic(s).
Beyond December	Continue to provide the seasonal influenza vaccine as long as you have vaccine available, even after the new year.

Flu Vaccination Clinic Supplies Checklist

Essential items for a flu vaccination clinic include the following:

- ▶ Vaccine vials,
- ▶ Anaphylaxis kits,
- ▶ Alcohol wipes,
- ▶ Adhesive bandages,
- ▶ Sharps containers,
- ▶ Safety syringes/needles,
- ▶ Boxes of gloves,
- ▶ Nurse's kit,
- ▶ Cash box, and
- ▶ Confidentiality folder.



More Information

For additional strategies that health care professionals can use that may help increase seasonal influenza vaccination rates, visit the following Centers for Disease Control and Prevention (CDC) web pages:

- ▶ Strategies for Increasing Adult Seasonal Influenza Vaccination Rates
<http://www.cdc.gov/vaccines/recs/reminder-sys.htm>
- ▶ CDC Guidelines for Large-Scale Seasonal Influenza Vaccination Clinic Planning
http://www.cdc.gov/flu/professionals/vaccination/vax_clinic.htm
- ▶ CDC Vaccines and Immunizations for Health Care Professionals
<http://www.cdc.gov/vaccines/hcp.htm>





Resources

For more information about preventive immunizations, refer to the resources listed in Tables 14 and 15. For educational products for Medicare Fee-For-Service health care professionals and their staff, information on coverage, coding, billing, payment, and claim filing procedures, visit <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/PreventiveServices.html> on the CMS website, or scan the Quick Response (QR) code to the right with your mobile device.



Table 14. Provider Resources

Resource	Website
ACIP Recommendations	http://www.cdc.gov/vaccines/pubs/ACIP-list.htm
CDC Hepatitis B Vaccination	http://www.cdc.gov/vaccines/vpd-vac/hepb
CDC Pneumococcal Vaccination	http://www.cdc.gov/vaccines/vpd-vac/pneumo
CDC Seasonal Influenza (Flu) Vaccination	http://www.cdc.gov/vaccines/vpd-vac/flu
CMS Beneficiary Notices Initiative (BNI)	http://www.cms.gov/Medicare/Medicare-General-Information/BNI
“CMS Electronic Mailing Lists: Keeping Medicare Fee-For-Service Providers Informed”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MailingLists_FactSheet.pdf

Table 14. Provider Resources (cont.)

Resource	Website
Flu.gov	http://www.flu.gov
“Medicare Benefit Policy Manual” – Publication 100-02, Chapter 15, Section 50.4.4.2	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
“Medicare Claims Processing Manual” – Publication 100-04, Chapter 18, Section 10	http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c18.pdf
Medicare Learning Network® (MLN) Guided Pathways to Medicare Resources	<p>The MLN Educational Web Guides MLN Guided Pathways to Medicare Resources help providers gain knowledge on resources and products related to Medicare and the CMS website. For more information about preventive services, refer to the “Coverage of Preventive Services” section in the “MLN Guided Pathways to Medicare Resources – Basic Curriculum for Health Care Professionals, Suppliers, and Providers” booklet at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Basic_Booklet.pdf on the CMS website.</p> <p>For all other “Guided Pathways” resources, visit http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Guided_Pathways.html on the CMS website.</p>
Medicare Preventive Services General Information	http://www.cms.gov/Medicare/Prevention/PrevntionGenInfo
MLN Matters® Articles Related to Medicare-covered Preventive Benefits	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNPrevArticles.pdf
MPFS	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched
OPPS	http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS

**Table 15. Beneficiary Resources**

Resource	Website/Contact Information
Medicare & You: Hepatitis	http://www.youtube.com/watch?v=kiNX_mc7S5s&feature=plcp
“Medicare & You: Stay Healthy with Medicare’s Preventive Benefits” Video	http://www.youtube.com/watch?v=mBCF0V4R4A0&feature=relmfu
Medicare Beneficiary Help Line and Website	Telephone: Toll-Free: 1-800-MEDICARE (1-800-633-4227) TTY Toll-Free: 1-877-486-2048 Website: http://www.medicare.gov
“Publications for Medicare Beneficiaries”	http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/BenePubFS-ICN905183.pdf
Your Medicare Coverage: Flu Shots	http://www.medicare.gov/coverage/flu-shots.html
Your Medicare Coverage: Hepatitis B Shots	http://www.medicare.gov/coverage/hepatitis-b-shots.html
Your Medicare Coverage: Pneumococcal Shots	http://www.medicare.gov/coverage/pneumococcal-shots.html
Your Medicare Coverage: Preventive & Screening Services	http://www.medicare.gov/coverage/preventive-and-screening-services.html

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